Date / Time of Meeting	Thursday, June 20, 2019 1:30 pm — 3:00 pm		
Location	Conference Room D-West, 3232 Elder St, Boise, ID		
Medicaid Participants		Provider Participants	DXC Participants
William Deseron		Ginny Easterly, Adapt	Darla Callaway
Gloria Duncan		Laura Clary, Brownfield	Natasha Derrick
Aaron Howard		Sara Iseman, Lincare	Kristi Harris
Susan Scheuerer		Joni Moore, Lincare	
Angela Williams		Melissa Farrar, Norco	
		Paul Figgins, Norco	
		Dawn Jorgensen, Norco	
		Nicole Kissler, Norco	
		Brent Seward, Norco	
		Steve Binns, Vic's Pharmacy	

Meeting Content

Text in red are updates that occurred after the meeting including Department responses to questions and additional provider discussion pertinent to the provider group.

Topics Discussed	Action Item	Responsible		
Welcome and Introductions	N/A	N/A		
Bureau of Financial Operations Announcements				
CMS has identified that Idaho Medicaid's fee schedule resulted in an overpayment according to the upper payment limit (UPL) demonstration. Effective 7/1/2019, rates on DME identified by CMS as part of the upper payment limit demonstration will change to match the lesser of 100% of Medicare's rate or the UPL. The Department looked at calculating items as an aggregate, but amounts still exceeded UPL.				
Providers would like to see Medicaid pay based off zip code to help alleviate the costs of providers to rural areas or pay a blended rate if the system isn't able to pay off location. We currently do not have the ability pay rates by zip code. When we move to 100% of Medicare rates for effective codes on 7/1/2019 we will not be able to pay a blended rate, as it would exceed the UPL.	Formal announcement about rate changes.	Aaron Howard		
There was concern that providers may not receive reimbursement sufficient to cover their costs. Providers asked about the process to stop covering certain items for Medicaid participants. Providers are not required to accept all Medicaid participants for all available items or services. Providers may refuse service; however, providers cannot refuse Medicaid payment if they do provide services to a Medicaid participant.				
A new e-mail, <u>MedicaidReimTeam@dhw.idaho.gov</u> , is available to correspond with Financial Operations.				
Idaho Medicaid Provider Handbook Updates				
The Suppliers handbook is being updated for July to: • Clarify the book applies to any Medicaid provider distributing DME or DMS;	N/A	N/A		

Topics Discussed	Action Item	Responsible
 Add a link to the Glossary; Clarify that deceased participants are not eligible for Medicaid services after their date of death; Add EPSDT information under eligibility; Minor reorganization to distinguish between DME and DMS requirements; Incorporated information about rolling months for DMS; Incorporate documentation requirements for DMS resupply; Clarify what criteria is to be followed for DMEPOS; Clarify and include new requirements for nutritional products; Add reminder in Oxygen Services that EPSDT coverage can be requested if children under 21 don't meet criteria; Reorganize and flush out prosthetic and orthotics section to match IDAPA 16.03.09; Update and incorporate prior authorization procedure for non-waiver items; Include in documentation requirement for manually priced codes; Update physician order requirements on acceptable detailed order formats and face-to-face encounter details; Incorporate list of items that cannot be issued with a verbal order; and Incorporate correct coding is required to align with PDAC. 		
Provider Feedback – Provider Handbook No feedback available.	N/A	N/A
DME Utilization Project		
The project is currently on hold due to Medicaid Expansion. As a reminder the project will ensure the system is configured with limitations, bucketing and purchase or rental requirements.	N/A	N/A
Oxygen Concentrators Providers expressed concern about the move to purchase from indefinite rental. They stated that this was a deviation from other insurers and Medicare. They felt the rental period was necessary for the services it included such as on-call repair and replacement, and maintenance. DME is important for maintaining participants in the community and preventing hospitalization. They believe the average stay for a patient with COPD is 4-days. They also stated that the FDA was uncomfortable with purchase as this equipment might wind up being sold and used in a condition that was inadequate for the person. Norco expressed that portable units cost more than what would be reimbursed in a ten-month period. They may not be able to provide them anymore.	Reevaluate purchase decision focusing on considerations for repairs, temporary replacement during repairs and maintenance.	William Deseron
Oxygen Criteria for Pediatrics	N/A	N/A

Topics Discussed	Action Item	Responsible
The Department wants to remind providers that participants under 21 years of age may be covered for oxygen outside of the listed criteria. Providers should send in an EPSDT request for review. On the fax cover sheet sent in with the prior authorization, write, "Requesting Under EPSDT." Otherwise it may be returned as not requiring a review.		
Electronic Visit Verification The Department is currently awaiting CMS response on whether	Communicate CMS response to group.	Susan Scheuerer
DME home delivery and installation would require EVV.	9. c sp.	
Enteral Nutrition Modifiers and NDC		
The Department announced in the May 2019 MedicAide newsletter that beginning July 1st all claims for enteral nutrition will require a modifier of BA (via tube) or BO (via oral). Any products administered orally also require an NDC.	Please, send a few claim denial	
Providers were inquiring about NCCI edits for procedure to procedure denials when participants receive more than one type of nutrition. Norco stated that Washington used modifier 59 to bypass the edit. Modifier 59 would be inappropriate as its main intent is for surgical procedures.	examples to MCPT@dhw.idaho.gov for review.	Providers
For clarification, these changes effect claims based on date of service not date of submission.		
Documentation for Manual Pricing		
Documentation submitted to the Department for manual pricing cannot be altered. Altered documentation will not be used for pricing. The Department does not need to see line items other than what the documentation is provided for. It does need an item count for other line items for the shipping calculation.	N/A	N/A
Providers inquired how to initiate a change to IDAPA to update the manual pricing formula. Providers may petition the Department under the <u>Idaho Administrative Procedure Act 67-5230</u> .		
An article should appear in the August MedicAide newsletter around documentation for manual pricing.		
Non-Purchased Equipment, Not Returned		
Previously providers have written off equipment that was rented by the Department, but not returned by the participant after the rental period ended. Some providers have started asking participants to put a credit card on file in case they fail to return the item. Their perception is that Medicaid participants have a high loss ratio. They've received conflicting information from Medicaid about being able to bill the participant. Participants are difficult to get ahold of. An example of items this frequently occurs with are bilirubin lights and infant monitors.	Develop policy to support providers after a rental period ends.	William Deseron
Equipment not returned by the participant becomes a civil matter between the provider and the participant. The Department will need to write a policy to address this issue. Requiring a card on		

Topics Discussed	Action Item	Responsible
file may be inappropriate, but providers should be able to bill participants after Medicaid coverage ends.		
Rolling months		
Providers expressed issues with oxygen claims being denied due to the rolling month calculation when the original date of service falls on the 29, 30 or 31 and the billing month has fewer days. Mostly the issue is with oxygen claims. The issue is appearing also appearing in crossovers and the MMCP programs. Melissa with Norco sent examples to William for review. For issues with MMCP programs, providers must contact Blue Cross or Molina for assistance. If providers need to speak with someone at the Department, they should contact the Bureau of Long Term Care at IdahoDuals@dhw.idaho.gov.	Review claim examples with MSST and DXC.	William Deseron
Breast Pumps	Review pricing comments from	Aaron Howard
Norco expressed concern that the rate for breast pumps changed	providers.	
from \$299.99 to \$86.63 on the June fee schedule, and the lack of notification. Norco requested a six-month lead time to significant changes in reimbursement be made to all suppliers. The Department is assigning rates to manually priced codes to lessen administrative costs. Rates are derived from the Medicare fee schedules or surrounding state Medicaid programs when Medicare is not available. The rate change for breast pumps will be rolled back to allow a 90-day comment period from providers. Medicaid is especially interested in various models and provider costs in considering this change.	Provide comments about breast pumps and information about various models available.	Providers

If you would like to be added to the contact list for these meetings, or you have an issue you would like to appear on the next meeting's agenda, e-mail your request to MCPT@dhw.idaho.gov.